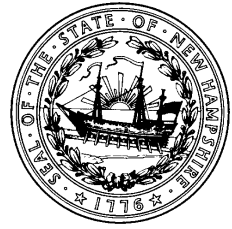


STATE OF NEW HAMPSHIRE



REQUEST FOR ADMINISTRATIVE ACTION For Law Enforcement Use Only

To: Director of Motor Vehicles
Stephen E. Merrill Motor Vehicle Building
23 Hazen Drive
Concord, NH 03305

Agency: _____ Date: _____

RE: Operator Name: _____ DOB: _____
Address: _____

License Number: _____ State: _____

Request:

- ☐ Motor Vehicle Driver Re-examination
☐ Motor Vehicle Hearing
☐ Suspend Immediately ☐ Reply Requested

Basis for action requested:

(Continue on back)

The above listed individual was involved in one of the following incidents:

- ☐ Motor Vehicle Accident with Fatality
☐ Motor Vehicle Accident with Serious Injury
☐ Other

Approving Official

Officer's Signature

Date

Officer's Name (Print/Type)